



22883  
PATENT TRADEMARK OFFICE

# 23  
102.1043.01

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

McCloghrie et al.

Serial No. 09/106,519

Filed: June 29, 1998

For: Sampling Packets for Network Monitoring

Art Unit: 2661

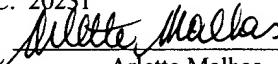
Examiner: Bob Phunkulh

RECEIVED  
JUL 2 2002  
OFFICE OF PETITIONS

07/02/2002 AWONDAF1 00000084 500365 09106519  
01 FC:179 200.00 CH 740.00 OP  
02 FC:116 200.00 CR 200.00 OP

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail, in an envelope addressed to:

Assistant Commissioner for Patents  
Washington, D.C. 20231  
on June 20, 2002   
Date Arlette Malhas

**FEE DEFICIENCY PAYMENT LETTER**

Honorable Assistant Commissioner  
for Patents  
Washington, D.C. 20231

Dear Sir:

The above-identified patent application was originally filed claiming large entity status. It is now discovered that small entity fees were paid inadvertently in error with no deceptive intent, when filing RCE papers on 4/30/02 (copy attached). Pursuant to 37 CFR 1.28 applicant hereby requests acceptance of the total deficiency payment owed for each fee erroneously paid with authorization to charge the fee deficiency per the included Credit Card Payment Form PTO-2038.

Adjustment date: 07/02/2002 AWONDAF1  
05/13/2002 GTEFFERA 00000115 09106519  
01 FC:279 -370.00 OP  
Adjustment date: 07/02/2002 AWONDAF1  
05/17/2002 DLITTLE 00000003 500365 09106519  
01 FC:216 -200.00 CR

SEARCHED  
INDEXED  
MAILED  
ORIGINALLY FILED

## Itemization of the deficiency payment.

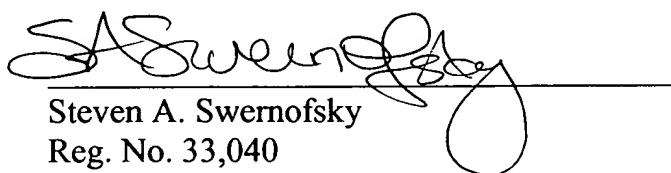
Type of Fee Erroneously Paid as Small Entity	Current Fee For Non-Small Entity	Fee Paid Erroneously as Small Entity	Date of Payment of Non-Small Entity Fee	Deficiency Owed
(RCE)	\$740.00	\$370.00	4/30/02	\$370.00
*Claim Fee (Should be 2 Not 4)	\$ 36.00	\$36	4/30/02	\$0
2-month Extension of Time paid to deposit account 50-0365 (Copy of Statement Attached)	\$400.00	\$200.00	5/17/02	\$200.00
			Total	\$570.00

\*The extra claims in the Amendment with the Request for Continued Examination filed 4/30/02 were numbered incorrectly. The correct number of extra claims should be 2.

In the event we have miscalculated the deficiency fees, Deposit Account No. 50-0365 may be used to credit any overpayment or make up any underpayment thereof.

Respectfully submitted,

Dated: June 20, 2002



Steven A. Swernofsky  
Reg. No. 33,040

Swernofsky Law Group PC  
P.O. Box 390013  
Mountain View, CA 94039-0013  
(650) 947-0700

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ORIGINALLY FILED

O I P E JUN 27 2002  
PATENT & TRADEMARK OFFICE



22883

Approved for use through 10/31/2002. OMB 0651-0031  
PATENT TRADEMARK AND Trademark Office: U.S. DEPARTMENT OF COMMERCE

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PTO/SB/21 (08-00)

D A C  
(S)

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/106,519
		Filing Date	Jun 29, 1998
		First Named Inventor	McCloghrie et al.
		Group Art Unit	2661
		Examiner Name	Bob Phunkulh
Total Number of Pages in This Submission	11	Attorney Docket Number	102.1043.01

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached Credit card Payment Form 2038 <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter  Other Enclosure(s) (please identify below): <input checked="" type="checkbox"/> Fee Deficiency Letter (2 pgs); Copy of RCE and Fee transmittal filed 4/30/02; Copy of Deposit Account Stmt; Return Postcard
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Steven A. Swernofsky	Reg. no. 33,040
Signature		
Date	June 20, 2002	

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date: June 20, 2002

Type or printed name	Arlette Malhas, Paralegal
Signature	
Date June 20, 2002	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$570.00)

## Complete if Known

Application Number	09/106,519
Filing Date	6/29/1998 <i>RECEIVED</i>
First Named Inventor	McCloghrie et al. <i>JUL 2 2002</i>
Examiner Name	Bob Phunkulh
Group/Art Unit	2661 <i>OFFICE OF PETITIONS</i>
Attorney Docket No.	102.1043.01

## METHOD OF PAYMENT (check all that apply)

 Check  Credit card  Money Order  Other  None

 Deposit Account:

Deposit Account Number	50-0365
Deposit Account Name	Swernofsky Law Group

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments

Charge any additional fee(s) during the pendency of this application required for this filing.

Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee (\$)	Fee (\$)
101	740	201	370
106	330	206	165
107	510	207	255
108	740	208	370
114	160	214	80
SUBTOTAL (1) (\$)			

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	-20**=	Extra Claims	X	Fee from Below	=	Fee Paid
Independent Claims	- 3**=		X		=	

## Multiple Dependent

Large Entity	Small Entity	Fee Description
Fee Code	Fee Code	Fee (\$)
103	18	203
102	84	202
104	280	204
109	84	209
110	18	210
SUBTOTAL (2) (\$)		

\*\*or number previously paid, if greater; For Reissues, see below

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee (\$)	Fee (\$)
105	130	205	65
127	50	227	25
139	130	139	130
147	2,520	147	2,520
112	920*	112	920*
113	1,840*	113	1,840*
115	110	215	55
116	400	216	200
117	920	217	460
118	1,440	218	720
128	1,960	228	980
119	320	219	160
120	320	220	160
121	280	221	140
138	1,510	138	1,510
140	110	240	55
141	1,280	241	640
142	1,280	242	640
143	460	243	230
144	620	244	310
122	130	122	130
123	50	123	50
126	180	126	180
581	40	581	40
Other fee (specify)			
*Reduced by Basic Filing Fee Paid			SUBTOTAL (3) (\$570.00)

COPY OF PAPERS  
ORIGINALLY FILED

## SUBMITTED BY

Name (Print/Type)	Steven A. Swernofsky	Registration No. (Attorney/Agent)	33,040	Telephone	650-947-0700
Signature	<i>Steven A. Swernofsky</i>			Date	June 20, 2002

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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TRADEMARK OFFICE

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Home  
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### Deposit Account Statement



RECEIVED  
JUL 2 2002  
OFFICE OF PETITIONS

Requested Statement Month:

May 2002

Deposit Account Number:

500365

Name:

SWERNOFSKY LAW GROUP

Attention:

LISA GILLIGAN

Address:

P.O. BOX 390013

City:

MOUNTAIN VIEW

State:

CA

Zip:

94039-0013

DATE	SEQ	POSTING REF	ATTORNEY DOCKET NBR	FEE CODE	AMT	BAL
05/08	29	10090485	221.1001.01	581	\$40.00	\$5,751.00
05/09	13	10082493	155101001	581	\$40.00	\$5,711.00
05/09	15	10101428	216100102	581	\$40.00	\$5,671.00
05/16	46	10105060	1031075.01	581	\$40.00	\$5,631.00
05/17	3	09106519	102.1043.01	216	\$200.00	\$5,431.00
05/28	2	10076866	219.1002.02	203	\$18.00	\$5,413.00
05/28	3	10076866	219.1002.02	205	\$65.00	\$5,348.00
05/29	1	10076866	219.1002.02	205	-\$65.00	\$5,413.00

START BALANCE	SUM OF CHARGES	SUM OF REPLENISH	END BALANCE
\$5,791.00	\$443.00	\$65.00	\$5,413.00

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Approved for use through 10/31/2002. OMB 0651-0032  
PATENT TRADEMARK OFFICE: U.S. DEPARTMENT OF COMMERCE  
Trademark Office: U.S. DEPARTMENT OF COMMERCE  
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for FY 2002

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** **(\$406.00)**

Complete if Known	
Application Number	09/106,519
Filing Date	6/29/1998
First Named Inventor	McCloghrie, et al. <i>RECEIVED</i>
Examiner Name	Bob Phunkulh
Group/Art Unit	2661 <i>JUL 2 2002</i>
Attorney Docket No.	102.1043.01 <i>OFFICE OF PAPERS</i>

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																																																																																																																																																																																	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		<b>3. ADDITIONAL FEES</b> <table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>105</td> <td>130</td> <td>205</td> <td>65</td> <td>Surcharge – late filing fee or oath</td> <td></td> </tr> <tr> <td>127</td> <td>50</td> <td>227</td> <td>25</td> <td>Surcharge – late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>139</td> <td>130</td> <td>139</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>147</td> <td>2,520</td> <td>147</td> <td>2,520</td> <td>For filing a request for reexamination</td> <td></td> </tr> <tr> <td>112</td> <td>920*</td> <td>112</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>113</td> <td>1,840*</td> <td>113</td> <td>1,840*</td> <td>Requesting 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Information Disclosure Stmt</td> <td></td> </tr> <tr> <td>581</td> <td>40</td> <td>581</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td></td> </tr> <tr> <td>146</td> <td>740</td> <td>246</td> <td>370</td> <td>Filing a submission after final rejection (37 CFR § 1.129(a))</td> <td></td> </tr> <tr> <td>149</td> <td>740</td> <td>249</td> <td>370</td> <td>For each additional invention to be examined (37 CFR § 1.129(b))</td> <td></td> </tr> <tr> <td>179</td> <td>740</td> <td>279</td> <td>370</td> <td>Request for Continued Examination (RCE)</td> <td>370.00</td> </tr> <tr> <td>169</td> <td>900</td> <td>169</td> <td>900</td> <td>Request for expedited examination of a design application</td> <td></td> </tr> <tr> <td colspan="6">Other fee (specify) _____</td> </tr> <tr> <td colspan="4">*Reduced by Basic Filing Fee Paid</td> <td colspan="2">SUBTOTAL (3) <b>(\$370.00)</b></td> </tr> </tbody> </table>				Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	105	130	205	65	Surcharge – late filing fee or oath		127	50	227	25	Surcharge – late provisional filing fee or cover sheet		139	130	139	130	Non-English specification		147	2,520	147	2,520	For filing a request for reexamination		112	920*	112	920*	Requesting publication of SIR prior to Examiner action		113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action		115	110	215	55	Extension for reply within first month		116	400	216	200	Extension for reply within second month		117	920	217	460	Extension for reply within third month		118	1,440	218	720	Extension for reply within fourth month		128	1,960	228	980	Extension for reply within fifth month		119	320	219	160	Notice of Appeal		120	320	220	160	Filing a brief in support of an appeal		121	280	221	140	Request for oral hearing		138	1,510	138	1,510	Petition to institute a public use proceeding		140	110	240	55	Petition to revive – unavoidable		141	1,280	241	640	Petition to revive – unintentional		142	1,280	242	640	Utility issue fee (or reissue)		143	460	243	230	Design issue fee		144	620	244	310	Plant issue fee		122	130	122	130	Petitions to the Commissioner		123	50	123	50	Petitions related to provisional applications		126	180	126	180	Submission of Information Disclosure Stmt		581	40	581	40	Recording each patent assignment per property (times number of properties)		146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))		149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))		179	740	279	370	Request for Continued Examination (RCE)	370.00	169	900	169	900	Request for expedited examination of a design application		Other fee (specify) _____						*Reduced by Basic Filing Fee Paid				SUBTOTAL (3) <b>(\$370.00)</b>	
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Fee Code (\$) 103 18 102 84 104 280 109 84 110 18		Fee Code (\$) 203 9 202 42 204 140 209 42 210 9		Fee Description Claims in excess of 20 Independent claims in excess of 3 Multiple dependent claim, if not paid **Reissue independent claims over original patent **Reissue claims in excess of 20 and over original patent																																																																																																																																																																																															
SUBTOTAL (2) <b>(\$36.00)</b>																																																																																																																																																																																																			

\*or number previously paid, if greater; For Reissues, see below

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) **(\$370.00)**

SUBMITTED BY		Complete if applicable		
Name (Print/Type)	Steven A. Swernofsky	Registration No. (Attorney/Agent)	33,040	Telephone 650-947-0700
Signature	<i>Steven A. Swernofsky</i>	Date	<i>04/30/2002</i>	

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